

# Tulare County

## SCI Plans with Supplemental Questions

### Purpose

Answer to questions from ACL 18-48 with supplemental questions #1-9

### Question 1

The populations of who will be served:

- The information below is included in the updated Specialized Care Increment (SCI) Policy.
  - To be eligible for a Specialize Care Rate a child or NMD must meet the following criteria:
    - Be eligible to receive basic Foster Care rates.
    - Require special care and supervision that is not covered under the Level of Care (LOC) Matrix. The LOC and SCI can be based on the same condition(s) when the care and supervision needs of the child are not met by the determined LOC rate.
    - Be placed in a Resource Family Home (County, Foster Family Agency, Non-Relative Guardianship and/or in an approved Relative/Non-Relative Extended Family Member placement.

Please include available data that includes:

The caseload of the current specialized care population

- 35 cases (children)

Estimate of any potential expanded populations to be served

- At this time it is unknown as to the percentage of the estimated potential population expansion, however it is expected to increase.

List the types of behavior and/or health conditions or qualifying factors for which a specialized care rate is currently paid and/or would be paid under the updated plan

- Under the updated SCI policy, the behaviors and health qualifying factors are listed in the policy on page 3 and 4.

### Question 2

Payment amounts:

The following table is included in the updated SCI policy

Level 1 Medical	\$210 per month
Level 2 Medical	\$422 per month
Level 3 Behavioral	\$633 per month

Whether or not the payments are tiered:

- The payments are tiered, as seen in response to Question 2.

**Question 3**

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The criteria and/or the qualifying factors and conditions used to determine the SCI rate in each level and must be clearly described

- These are clearly described in the updated SCI policy on pages 3 and 4

If the county is using the CWDA SCI plan, the county should reference what criteria of the CWDA SCI plan is applying to the county SCI plan.

- Tulare County is not using the CWDA SCI plan

**Question 4**

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The County review process and secondary review/approval, including how often the county will conduct a SCI reassessment:

- On page 6 in the updated SCI policy, it states that the committee will "Explain to the resource family that if they do not agree with the reduction or termination of the Specialized Care Rate they will receive a Notice of Action and instructions on how to file for a State Hearing."
- On page 6 in the updated SCI policy, it states "Schedule the next Specialized Care Rate review hearing as appropriate, not to exceed six months. A hearing will be set for a 90 day review if the child's or NMD's is authorized for Behavioral Level III due to extreme behaviors which can include displaying criminal activity that a resource parent is required to monitor closely, or disrupts the resource parent normal lifestyle."

**Question 5**

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Provide description of what circumstances trigger an SCI assessment i.e., additional conditions or the additional care and supervision needs of the child/youth

- On page 4 of the updated SCI plan, it states "A Relative/NREFM, Non-Relative Legal Guardian (NRLG,) Foster Family Agency, and/or Tulare County Resource Family may request a Specialized Rate hearing at any time. The assigned social worker shall schedule a hearing and never deny the care provider the opportunity for a full assessment for Specialized Care Rates."
- Additionally on pages 2-3, it identifies the populations and conditions of eligibility.

**Question 6**

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Proposed implementation dates and a description of how existing families receiving SCI rates will be treated under the new SCI plan:

- The current manager has been advising resource parents of the LOC matrix at their hearings; how that will be re-evaluated, and that some of the current SCI behaviors/issues may be covered under LOC rather than SCI

Identifying any plans for how existing SCI rates might be reduced or increased under the proposed plan

- The current manager has been advising resource parents of the LOC matrix at their hearings; how that will be re-evaluated, and that some of the current SCI behaviors/issues may be covered under LOC rather than SCI (this is an explanation for any reductions)
- For any possible increases, during the LOC Protocol the Child Assessment Team (CAT) social worker will be assessing for possible SCI eligibility and a resource parent or Foster Family Agency can request a hearing for a full assessment.

**Question 7**

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How families will be notified about the new SCI rates:

- The current manager has been advising resource parents of the LOC matrix at their hearings; how that will be re-evaluated, and that some of the current SCI behaviors/issues may be covered under LOC rather than SCI
- Once Tulare County goes live for the updated SCI program, we will issue a letter to all those receiving SCI with an explanation of LOC and how that will affect SCI and the evaluation process

**Question 8**

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A copy of the NOA form Tulare County uses for SCI approval, redetermination, and discontinuance is attached. Please note that these documents are created in the CALWIN system.

**Question 9**

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An SCI point of county contact with email, phone number and written address information

- Mireya Anaya  
[MAmaya@tularehhsa.org](mailto:MAmaya@tularehhsa.org)  
(559) 624-8088  
26644 South Mooney Blvd, Building A Ste. 104  
Visalia CA 93277
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**TULARE COUNTY HEALTH & HUMAN SERVICES  
Child Welfare Services Division  
Policies and Procedures Manual**

Supersedes  
Section: 70-05  
Effective: 09/13/2013

SECTION: 70-05  
Effective: 05/01/18  
Page: 1 of 12

**FOSTER CARE SPECIALIZED CARE RATES**

*This Policy eliminates Program Memo 23.*

**I PURPOSE**

This policy outlines a uniform process for assessing the appropriateness of granting Specialized Foster Care Rates for a child or Non-Minor Dependent (NMD) placed in a Resource Family Home (County, Foster Family Agency, Non-Relative Guardianship and/or in an approved Relative/Non-Relative Extended Family Member placement). This policy outlines the role and responsibilities of the social worker, the resource parent, Specialized Rates Committee, and the supervisor in considering Specialized Care Rates requests.

**II SCOPE**

This policy applies to all CWS Division staff.

**III AUTHORITY**

Authority for this policy is found in the following historical and current information:

- Administrative Standards for Eligibility and Assistance Standards - AFDC Foster Care Rates, Section 11-401.2 -11-401.4
- All-County Letter (ACL) 08-01
- All-County Letter (ACL) 18-06
- All County Information Notice (ACIN) 113-00
- Welfare and Institutions Code (WIC) 11460(e), and 11461(e)

**IV POLICY**

Tulare County Child Welfare Services (CWS) will offer Specialized Care Rates to those resource families who meet criteria for consideration of this payment. These Specialized Care Rates will assist those families who care for a child or NMD whose needs fall outside the scope of "Level of Care" rate determination.

Families must demonstrate the following:

- A need for additional funds that are not covered under the Level of Care Matrix, to better meet the needs of the child or NMD
- A willingness to use those funds to better meet the needs of the child or NMD
- A willingness to accept services to assist with meeting the unique needs of the child or NMD
- A willingness to attend additional training to assist with meeting the unique needs of the child or NMD

CWS will offer timely reviews of requests, written justification for level selections or denials, an appeal process, and instructions to resource parent(s) on review and re-assessment requirements. Tulare County has adopted the Specialized Care Increment (SCI) Matrix, Specialized Rates Behavioral form, and Specialized Rates Medical form to help CWS Division staff to uniformly and accurately assess and document the need for Specialized Care Rates for a qualifying child or NMD.

**V**     **DEFINITIONS**

<b>Resource Parent</b>	For purposes of this policy, resource parent will refer to County Foster Parents, Non-Relative Legal Guardians, approved relative/Non-Relative Extended Family Member (NREFM) home, and Foster Family Agency (FFA) resource parent.
<b>Host County</b>	The county in which the child or NMD is placed.
<b>Placing County</b>	The county with payment responsibility in regards to the child or NMD.
<b>Median</b>	The middle number in a given sequence of numbers that are placed in sequential order.
<b>Specialized Care Rates Committee</b>	This committee evaluates requests for Specialized Care Rates for Resource Families. At minimum, this committee includes the following members: <ul style="list-style-type: none"> <li>• Program Manager who is appointed and is the Chair for the Hearing.</li> <li>• Representative from the Resource Family Approval unit, as appointed by their Program Manager.</li> <li>• Resource Family Ombudsman</li> <li>• Resource Family Mentor</li> </ul>

**VI**     **RATES****Specialize  
Care Rates**

Effective August 1, 2018 Specialized Care Rates for Foster Care are as follows:

Level 1 Medical	\$210 per month
Level 2 Medical	\$422 per month
Level 3 Behavioral	\$633 per month

**NOTE:** *Specialized Care Rates are not subject to Cost Of Living Adjustment Increases.*

**VII**     **PROCEDURES****Eligibility  
Requirements  
and  
population to  
be served**

- To be eligible for a Specialize Care Rate a child or NMD must meet the following criteria:
- Be eligible to receive basic Foster Care rates.
- Require special care and supervision that is not covered under the Level of Care (LOC) Matrix. The LOC and SCI can be based on the same condition(s) when the care and supervision needs of the child are not met by the determined LOC rate.
- Be placed in a Resource Family Home (County, Foster Family Agency, Non-Relative Guardianship and/or in an approved Relative/Non-Relative

Extended Family Member placement).

- No more than two (2) special needs placements in a Resource Family home, unless approved by a manager. Refer to Policy 20-13 titled Placement of Special Needs Children (Bates Bill) for details.

**When to  
conduct the  
SCI  
assessment**

The SCI assessment should occur after the use of the LOC Protocol tool when there are additional conditions or additional care and supervision needs of the child/youth that are not covered under the Level of Care Matrix. However, there may be exceptional circumstances in which an SCI is needed prior to an initial LOC rate determination to immediately stabilize a foster care placement (workers have up to 60 days to do an LOC).

**Eligible  
Criteria:**

The following situations describe medical and behavioral eligible criteria for Specialized Care Rate that do not fall under LOC 1-4 or Static Criteria:

**Medical/Developmental Level I:**

- 2-4 appointments per month not including routine dental or physical examinations.
- Diabetes with special diet and oral medications. Stable condition.
- Failure to thrive or DEI with moderate feeding difficulties requiring therapy or special feeding techniques, every 2 hours feeding.
- Seizure disorder, abnormal EEG, medication required for seizure activity
- Sickle Cell – SB + Thal, Mild Symptoms. Moderate Symptoms
- Fetal Alcohol Syndrome (FAS) diagnosis with mild to moderate complications
- Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, equipment, and special school program).
- Cleft lip and/or palate requiring special feeding assistance.
- Emergency Room trips-2 in a month with no hospitalization (Valley Fever, RSV, pneumonia, apnea, etc.)
- Hospitalizations-1 time within a three month period (per incident and not number of days stayed)
- Hemophiliac requiring close monitoring to prevent injury
- Severe Cerebral Palsy or physical disability requiring adaptive equipment (non-ambulatory)
- Apnea monitor required (when discontinued, rate to be reduced to appropriate level)
- Scoliosis requiring surgical intervention and extensive rehabilitation
- Shunt placement-functioning stable
- Dietary requirements not covered by Medi-Cal; formula, bottles/nipples, gluten intolerance, food allergies (epi-pen), etc.
- Prescribed medical equipment or supplies not covered by Medi-Cal or CCS (diapers, apnea monitor, etc.)
- Other Medical/Developmental: Would need to be staffed with a manager

**Medical/Developmental Level II:**

- 4 or more appointments per month not including routine dental or physical examinations.
- Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., or uncontrolled
- Failure to thrive or DEI with severe feeding problems, excessive crying, sleep disruptions, etc., requiring therapy, special techniques, every hour feeding (24/7).
- Seizure disorder requiring close monitoring and multiple medications to control.

- Sickle Cell, Severe Symptoms
- FAS with moderate to severe complications
- Hearing impaired requiring assistance with daily living including care provider signing abilities for specific child.
- Cleft lip and/or palate requiring surgical intervention and special feeding assistance.
- Emergency Room trips-3 or more in a month with no hospitalization (Valley Fever, RSV, pneumonia, apnea, etc.)
- Hospitalizations-2 or more within a 6 month period and requires resource parent to stay with the child at the hospital
- Severe respiratory difficulties requiring multiple medications, breathing treatments (not including the use of inhalers), CPT (Chest Physical Therapy) on a daily basis. Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions medications (not including inhalers), or continuous oxygen
- Physical abnormalities requiring medical intervention.
- Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions.
- Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would otherwise require placement in an institutional facility.
- Other Medical/Developmental: Would need to be staffed with a manager

#### Behavioral Level III:

- The child is at very high risk to self and/or others. Behaviors frequently (5+ x per week) are disruptive to household, school and in other social interactions. Requires round the clock interventions.
- Stabilization of disruptive behaviors requires special training, intervention and discipline strategies.
- 601 behaviors (truant, beyond control of caregiver) 5+ times per week
- Chronic resistance to behavior modification strategies.
- Personal property of others in the home at high risk. Includes stealing.
- Excessive anti-social behaviors which strictly limits unsupervised social interaction.
- Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances.
- Pending STRTP placement and no other homes are available.
- Other Behavioral: Would need to be staffed with a manager.

Additionally, please refer to Specialized Care Rate Matrix for additional criteria.

## INITIAL REQUESTS

### CWS Social Worker Duties

The CWS Social Worker shall:

Step	Action
1	Combine personal observation with on-going communication with the child's or NMD's resource family and other pertinent collaterals in order to evaluate the child's or NMD's medical or behavior needs to assess for qualification for Specialized Care Rates Payment that are not covered under LOC 1-4 and the Static Criteria. This will also include any recommendations made by the Child Assessment Team (CAT) social worker that



	<p>a child might be eligible for Specialized Care Rate. Review if the Resource Family already has a "special needs placement" of another child in the home, due to no more than two (2) special needs placements with a Resource Family unless approved by a manager.</p> <p><b>NOTE:</b> <i>A Relative/NREFM, Non-Relative Legal Guardian (NRLG,) Foster Family Agency, and/or Tulare County Resource Family may request a Specialized Rate hearing at any time. The assigned social worker shall schedule a hearing and never deny the care provider the opportunity for a full assessment for Specialized Care Rates.</i></p>
2	Contact the Resource Family Approval Office Assistant to schedule a Specialized Rates Hearing.
3	<p>Inform the resource family of the hearing date and time, and verify their attendance to the hearing.</p> <p><b>NOTE:</b> <i>The resource family must be present at the hearing in order to authorize payment <u>unless</u> they reside outside Tulare County (see Specialized Notes on page 6).</i></p>
4	Discuss with the care provider prior to Specialized Rate Hearing the child's or NMD's needs that are not covered under the Level of Care matrix and advise them of the Specialized Care Rate you will be recommending to the committee.
5	Obtain documentation from <u>accredited professionals</u> verifying the child's or NMD's condition, diagnoses, and/or behavior as indicated on the Specialized Care Rate Determination Worksheet for Medical Level I & II and Behavioral Level III.
6	<p>Complete the Specialized Care Rate Determination Worksheet for Medical Level I &amp; II and Behavioral Level III prior to the hearing. The Specialized Care Rate Determination Packet includes:</p> <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet for Medical Level I &amp; II OR Behavioral Level III, whichever applies (Attachment 1)</li> <li>• Specialized Foster Care Rate Agreement, 1758-S (Attachment 4)</li> <li>• Specialized Foster Care Rate Payment Authorization, 1759-S (Attachment 5)</li> <li>• Reports from service providers verifying the child's or NMD's medical or behavioral needs that are not covered under Level of Care matrix.</li> </ul>
7	Submit the Specialized Care Rate Determination packet to your CWS Supervisor for approval and signatures.
8	Staff any medical or behavioral related issues with the assigned CWS Nurse or CWS Clinician.
9	Attend the Specialized Care Rates Hearing.
10	Present the case to the Committee and provide the Committee members with the Specialized Rates Determination packet.



**CWS  
Supervisor  
Duties**

The CWS Supervisor shall:

Step	Action
1	Review the Specialized Care Rate Determination Worksheet for Medical Level I & II OR Behavioral Level III, whichever applies prior to the hearing as submitted by the Social Worker.
2	Conduct a thorough analysis of the situation, considering whether the CWS Social Worker's recommendations parallel the information contained in the assessment and are supported by documentation from accredited professionals involved in treatment for the child or NMD. Review if the Resource Family already has a "special needs placement" of another child in the home, due to no more than two (2) special needs placements with a Resource Family unless approved by a manager. Ensure that the needs identified aren't covered under the Level of Care matrix. For Behavioral Level III, if the child or NMD is currently on ISFC or Static Criteria, they are not eligible for Specialized Care Rates.
3	Approve the request rate <b>OR</b> provide feedback regarding the thoroughness of the assessment and request information. If the Supervisor is in agreement they shall sign the Specialized Foster Care Rate Agreement (1758-S) attachment 4.

**Specialized  
Care Rates  
Committee  
Duties**

The Specialized Care Rates Committee shall:

Step	Action
1	Consider each request based upon the information provided within the Specialized Care Rates Determination Packet, as well as the presentation by the CWS Social Worker and the resource parent. Ensure that the information regarding the needs of the child or NMD are not covered under the Level of Care Matrix. Review if the Resource Family already has a "special needs placement" of another child in the home, due to no more than two (2) special needs placements with a Resource Family unless approved by a manager.
2	Grant the Specialized Care Rates Request as submitted <b>OR</b> provide feedback regarding the thoroughness of the assessment and request modifications prior to approval. Each criteria is designated a number:  Medical Level I Medical Level II Behavioral Level III  <b>IF</b> the child's or NMD's needs vary across the Medical Specialized Care Rates levels between I and II, then the median level shall be granted.
3	Explain to the resource family that if they do not agree with the reduction or termination of the Specialized Care Rate they will receive a Notice of Action and instructions on how to file for a State Hearing.

4	Schedule the next Specialized Care Rate review hearing as appropriate, not to exceed six months. A hearing will be set for a 90 day review if the child's or NMD's is authorized for Behavioral Level III due to extreme behaviors which can include displaying criminal activity that a resource parent is required to monitor closely, or disrupts the resource parent normal lifestyle.
5	Ensure all paperwork is completed in its entirety.
6	Provide the resource family with the Specialized Foster Care Rate Monthly Report, 1760-S (Attachment 6) and self-addressed stamped envelopes, addressed to the Office Assistant in the Resource Family Approval office.

**Resource  
Family Role**

The resource family shall:

Step	Action
1	Attend the Specialized Care Rates Hearing. A telephone appearance will be permitted if the resource family resides outside Tulare County (see Special Notes, pages 12).
2	Present the needs of the child during the Specialized Care Rates Hearing to support the need for the Specialized Care rate.
3	Sign the Specialized Foster Care Rate Agreement Form during the Specialized Rates Hearing.
4	Submit the Specialized Foster Care Rate Monthly Report on a monthly basis to the Office Assistant in the Resource Family Approval office, utilizing the self-addressed stamped envelope provided during the Specialized Care Rates Hearing.
5	Maintain a record of training hours, in accordance with the most updated Written Directives.  <i>Note: Licensed Resource Families who receive Specialized Care Rates are required to complete 40 hours of training per calendar year; trainings shall be parallel to the needs of the children placed in the home.</i>
6	Follow through with supportive services in order to continue to be eligible for Specialized Care Rates.

**Resource  
Family  
Approval  
Office  
Assistant  
Duties**

The Licensing Office Assistant shall:

Step	Action
1	Maintain a schedule of Specialized Care Rate Hearings.
2	Schedule all Specialized Care Rate Hearings within 45 days of the request from the assigned Social Worker.
3	Send email reminders to CWS Staff of upcoming Specialized Care Rate Hearings.
4	Send the Specialized Foster Care Rate Monthly Report (1760-S) to the appropriate CWS Social Service Worker upon receipt from the resource family.
5	Maintain a file for each child or NMD receiving Specialized

	<p>Care Rates. The file should contain the following items:</p> <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet Medical Level I, or Specialized Care Rate Determination Worksheet Medical Level II, or Specialized Care Rate Determination Worksheet Behavioral Level III.</li> <li>• Specialized Foster Care Rate Agreement (1758-S).</li> <li>• Specialized Foster Care Rate Payment Authorization (1759-S).</li> <li>• Specialized Foster Care Rate Monthly Report (1760-S).</li> <li>• Documentation provided by the resource family.</li> </ul>
6	Attend the Specialized Care Rate Hearing.
7	<p>Send the Specialized Foster Care Rates Payment Authorization (1759-S) to the assigned Foster Care SSC, following the Specialized Rates Hearing. Ensure proper distribution of documents specified. Distribute the paperwork as follows:</p> <ul style="list-style-type: none"> <li>• Specialized Foster Care Rate Payment Authorization (1759-S): <ul style="list-style-type: none"> <li>○ Original to the appropriate Foster Care Unit Self Sufficiency Counselor (SSC).</li> <li>○ Copy to Specialized Rates Folder.</li> <li>○ Copy to case file.</li> </ul> </li> <li>• Specialized Care Rate Determination Worksheet (for either Medical Level I, Medical Level II, or Behavioral Level III) <ul style="list-style-type: none"> <li>○ Original to case file.</li> <li>○ Copy to Specialized Rates Folder.</li> </ul> </li> <li>• Specialized Foster Care Rate Agreement (1758-S). <ul style="list-style-type: none"> <li>○ Original to case file.</li> <li>○ Copy to Specialized Rates Folder.</li> <li>○ Copy to care provider.</li> </ul> </li> <li>• Reports from service providers verifying the child's or NMD's special needs. <ul style="list-style-type: none"> <li>○ Original to case file.</li> <li>○ Copy to Specialized Rates Folder.</li> </ul> </li> </ul> <p>Notify Foster Care SSC that a NOA will need to be issued when rates are changing or request to change was denied in the event of:</p> <ul style="list-style-type: none"> <li>• A rate increase</li> <li>• A rate decrease</li> <li>• A rate discontinuance</li> <li>• A request for a rate change is denied</li> </ul>

**REASSESSMENTS****CWS Social  
Worker Duties**

The CWS Social Worker shall:

Step	Action
1	Continually assess the child or NMD through personal observation and on-going communication with the child's or NMD's resource family and other pertinent collaterals in order to evaluate the child's or NMD's behavior, and medical needs

	<p>to assess for qualification for Specialized Care Rates Payment that are not covered under Level of Care matrix.</p> <p><b>NOTE:</b> <i>A Relative/NREFM, Non-Relative Legal Guardian (NRLG,) Foster Family Agency, and/or Tulare County Resource Family may request a Specialized Rate hearing at any time. The assigned social worker shall schedule a hearing and never deny the care provider the opportunity for a full assessment for Specialized Care Rates.</i></p>
2	<p>Verify that the resource family will attend the Specialized Rates Hearing that was scheduled during the previous Specialized Rates Hearing. If the CWS case is no longer assigned to you, e-mail the current Social Worker, their CWS Supervisor, and their CWS Manager advising them of this hearing. If this hearing needs to be vacated and/or rescheduled, please do so and advise the resource family and the Resource Family Approval Office Assistant.</p> <p><b>NOTE:</b> <i>The resource family must be present at the hearing in order to authorize payment <u>unless</u> they reside outside Tulare County (see Special Notes on page 6).</i></p>
3	<p>Discuss with the resource family prior to the date of the Special Rate Hearing the child's or NMD's needs not covered under the Level of Care and advise them of the Specialized Care Rate you will be recommending to the committee. Review if there are any changes to the Resource Family placements regarding "special needs placement" of another child in the home, due to no more than two (2) special needs placements with a Resource Family unless approved by a manager.</p>
4	<p>Obtain documentation from <u>accredited professionals</u> verifying the child's or NMD's condition, diagnoses, and/or behavior as indicated on the Specialized Care Rate Determination Worksheet.</p>
5	<p>Complete the Specialized Care Rate Determination Packet prior to the hearing. The Specialized Care Rate Determination Packet includes:</p> <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet for Medical Level I &amp; II OR Behavioral Level III, whichever applies (Attachment 1)</li> <li>• Specialized Foster Care Rate Agreement, 1758-S (Attachment 2)</li> <li>• Specialized Foster Care Rate Payment Authorization, 1759-S (Attachment 3)</li> <li>• Reports from service providers verifying the child's or NMD's medical or behavioral needs that are not covered under Level of Care matrix.</li> </ul>
6	<p>Submit the Specialized Care Rate Determination packet to your CWS Supervisor for approval and signatures.</p>
7	<p>Staff any medical or mental health related issues with the assigned CWS Nurse or CWS Clinician.</p>
8	<p>Attend the Specialized Care Rates Hearing.</p>

9	Present the case to the Committee and provide the Committee members with the Specialized Rates Determination packet.
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**CWS  
Supervisor  
Duties**

The CWS Supervisor shall:

Step	Action
1	Review the Specialized Care Rate Determination Worksheet prior to the hearing as submitted by the Social Worker.
2	Conducts a thorough analysis of the situation, considering whether the CWS Social Worker's recommendations parallel the information contained in the assessment and are supported by documentation from accredited professionals involved in treatment for the child or NMD. Review if the Resource Family already has a "special needs placement" of another child in the home, due to no more than two (2) special needs placements with a Resource Family unless approved by a manager. Ensure that the needs identified aren't covered under the Level of Care matrix. For Behavioral Level III, if the child or NMD is currently on ISFC or Static Criteria, they are not eligible for Specialized Care Rates.
3	Approve the request rate <b>OR</b> provide feedback regarding the thoroughness of the assessment and request information. If the Supervisor is in agreement they shall sign the Specialized Foster Care Rate Agreement (1758-S).

**Specialized  
Care Rates  
Committee  
Duties**

The Specialized Care Rates Committee shall:

Step	Action
1	Consider each request based upon the information provided within the Specialized Care Rates Determination Packet, as well as the presentation by the CWS Social Worker and the resource family. Review if the Resource Family already has a "special needs placement" of another child in the home, due to no more than two (2) special needs placements with a Resource Family unless approved by a manager. Ensure that the information regarding the needs of the child or NMD are not covered under the Level of Care Matrix.
2	Grant the Specialized Care Rates Request as submitted <b>OR</b> provide feedback regarding the thoroughness of the assessment and request modifications prior to approval. Each criteria is designated a number:  Medical Level I Medical Level II Behavioral Level III  <b>IF</b> the child's or NMD's needs vary across the Medical Specialized Care Rates levels between I and II, then the median level shall be granted.

3	Explain to the resource family that if they do not agree with the reduction or termination of the Specialized Care Rate they will receive a Notice of Action and instructions on how to file for a State Hearing.
4	Schedule the next Specialized Care Rate review hearing as appropriate, not to exceed six months. A hearing will be set for a 90 day review if the child's or NMD's is authorized for Behavioral Level III due to extreme behaviors which can include displaying criminal activity that a resource parent is required to monitor closely, or disrupts the resource parent normal lifestyle.
5	Ensure all paperwork is completed in its entirety.
6	Provide the care provider with the Specialized Foster Care Rate Monthly Report (1760-S) and self addressed stamped envelopes, addressed to the Office Assistant in the Resource Family Approval office.

**Resource  
Family Role**

The resource family shall:

Step	Action
1	Attend the Specialized Care Rates Hearing. A telephone appearance will be permitted if the resource family resides outside Tulare County (see Special Notes, pages 12).
2	Present the needs of the child or NMD during the Specialized Care Rates Hearing to support the need for the Specialized Care rate that is not covered by the Level of Care Matrix.
3	Sign the Specialized Foster Care Rate Agreement Form during the Specialized Rates Hearing.
4	Submit the Specialized Foster Care Rate Monthly Report on a monthly basis to the Office Assistant in the Resource Family Approval office, utilizing the self-addressed stamped envelope provided during the Specialized Care Rates Hearing.
5	Maintain a record of training hours, in accordance with the most updated Written Directives.  <i>Note: Licensed Resource Families who receive Specialized Care Rates are required to complete 40 hours of training per calendar year; trainings shall be parallel to the needs of the children placed in the home.</i>
6	Follow through with supportive services in order to continue to be eligible for Specialized Care Rates.

**Resource  
Family  
Approval  
Office  
Assistant  
Duties**

The Licensing Office Assistant shall:

Step	Action
1	Maintain a schedule of Specialized Care Rate Hearings.
2	Schedule all Specialized Care Rate hearings within 45 days of the request from the assigned Social Worker.
3	Send email reminders to CWS Staff of upcoming Specialized Care Rate Hearings.
4	Send the Specialized Foster Care Rate Monthly Report (1760-S) to the appropriate CWS Social Service Worker upon receipt from the resource family.

5	<p>Maintain a file for each child or NMD receiving Specialized Care Rates. The file should contain the following items:</p> <ul style="list-style-type: none"> <li>• Specialized Care Rate Determination Worksheet Medical Level I, or Specialized Care Rate Determination Worksheet Medical Level II, or Specialized Care Rate Determination Worksheet Behavioral Level III.</li> <li>• Specialized Foster Care Rate Agreement (1758-S).</li> <li>• Specialized Foster Care Rate Payment Authorization (1759-S).</li> <li>• Specialized Foster Care Rate Monthly Report (1760-S).</li> <li>• Documentation provided by the resource family.</li> </ul>
6	Attend the Specialized Care Rate Hearing.
7	<p>Send the Specialized Foster Care Rates Payment Authorization (1759-S) to the assigned Foster Care Eligibility Worker, following the Specialized Rates Hearing. Ensure proper distribution of documents:</p> <ul style="list-style-type: none"> <li>• Specialized Foster Care Rate Payment Authorization (1759-S): <ul style="list-style-type: none"> <li>○ Original to the appropriate Foster Care Unit SSC.</li> <li>○ Copy to Specialized Rates Folder</li> <li>○ Copy to case file</li> </ul> </li> <li>• Specialized Care Rate Determination Worksheet (for either Medical Level I, Medical Level II, or Behavioral Level III). <ul style="list-style-type: none"> <li>○ Original to case file</li> <li>○ Copy to Specialized Rates Folder</li> </ul> </li> <li>• Specialized Foster Care Rate Agreement (1758-S). <ul style="list-style-type: none"> <li>○ Original to case file</li> <li>○ Copy to Specialized Rates Folder</li> <li>○ Copy to care provider</li> </ul> </li> <li>• Reports from service providers verifying the child's or NMD's special needs. <ul style="list-style-type: none"> <li>○ Original to case file</li> <li>○ Copy to Specialized Rates Folder</li> </ul> </li> </ul> <p>Notify Foster Care SSC that a NOA will need to be issued when rates are changing or request to change was denied in the event of:</p> <ul style="list-style-type: none"> <li>• A rate increase</li> <li>• A rate decrease</li> <li>• A rate discontinuance</li> <li>• A request for a rate change is denied</li> </ul>



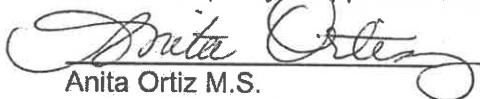
**Special Notes** **Child or NMD placed outside of Tulare County** - The county with payment responsibility shall pay the host county's Specialized Care Rate utilizing the host county's methodology, criteria and rates. If the host county has no Specialized Care Rate plan, then the county with payment responsibility will pay using its own Specialized Care Rates and determination criteria.

**Telephone Attendance** – Telephonic attendance to a Specialized Care Rate Hearings is acceptable if the care provider resides outside Tulare County and traveling to the hearing would be considered a hardship.

- Attachments**
1. Specialized Care Rate Determination Worksheet Medical/Developmental Level I & II
  2. Specialized Care Rate Determination Worksheet Behavioral Level III
  3. Specialized Care Increment (SCI) Matrix
  4. Specialized Foster Care Rate Agreement (1758-S)
  5. Specialized Foster Care Rate Payment Authorization (1759-S)
  6. Specialized Foster Care Rate Monthly Report (1760-S)

Authors: Deborah Hernandez, Mireya Anaya, Celeste Ortiz, Janet Robinson.

The above policy is approved for immediate implementation.

  
Anita Ortiz M.S.

Deputy Director - Child Welfare Service  
Title

6.27.2018  
Date

Tulare County Health & Human Services Agency  
Specialized Care Rate Determination Worksheet  
Medical/Developmental Level I & II

Name of Child or NMD: \_\_\_\_\_ Age of Child or NMD: \_\_\_\_\_  
Assigned Social Worker: \_\_\_\_\_ Special Rates Hearing Date: \_\_\_\_\_  
Reporting Month/Year: \_\_\_\_\_ How long child/NMD  
Resource Parent: \_\_\_\_\_ been in your home: \_\_\_\_\_

Number of other foster children/NMD in the home during this reporting period: \_\_\_\_\_  
Of these, how many receive Specialized Foster Care Rates: \_\_\_\_\_

Please identify services and activities, by date that was provided/occurred in this reporting month  
(is the condition controlled/uncontrolled, provide doctor's orders, provide denial letter from medi-cal)

What is the medical/developmental diagnosis:

Dates/Titles of trainings attended this month:

List any specialized medical equipment used (state frequency):

List any special dietary needs (state frequency/items not covered by medi-cal):

Describe any emergency room/hospitalization:  
(dates/discharge information)

List the child's strengths:

Describe a typical day:

Typical day:

Improvements:

Difficulties:

# Tulare County Health & Human Services Agency

## Specialized Care Rate Determination Worksheet

### Behavioral Level III

Name of Child or NMD: \_\_\_\_\_ Age of Child or NMD: \_\_\_\_\_  
Assigned Social Worker: \_\_\_\_\_ Special Rates Hearing Date: \_\_\_\_\_  
Reporting Month/Year: \_\_\_\_\_ How long child/NMD \_\_\_\_\_  
Resource Parent: \_\_\_\_\_ been in your home: \_\_\_\_\_

Number of other foster children/NMD in the home during this reporting period: \_\_\_\_\_  
Of these, how many receive Specialized Foster Care Rates: \_\_\_\_\_

Check the boxes that currently apply:

- ☐ Youth pending group home placement (contract home not available)
- ☐ Youth has had a history of theft within the last 12 months
- ☐ Youth is currently on probation (informal)
- ☐ Youth was previously on probation
- ☐ CSEC Youth
- ☐ Youth who is assaultive/aggressive
- ☐ Runaway (awol) youth
- ☐ Fire starter
- ☐ Sexual perpetrator/sexualized behaviors
- ☐ Mental health issues
- ☐ Drug use

Describe behavioral issues the child is displaying:

The following table is not intended to include every possible condition or situation, but rather as some basic guidelines.

Domain	Medical Level 1	Medical Level 2	Behavioral/Emotional Level 3
<b>Medical conditions</b> Heart Disease Hemophilia Oncology (Cancer) HIV-AIDS Seizures Organ Failure Transplant Candidate Sickle Cell Anemia Diagnosis of Cerebral Palsy (CP) Brain Injury (abuse or accidental) Cleft lip and/or palate Surgical intervention Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns	<input type="checkbox"/> 1-4 appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Diabetes (controlled) <input type="checkbox"/> Failure to thrive with moderate feeding difficulties requiring therapy or special feeding techniques. <input type="checkbox"/> Seizure disorder (Abnormal EEG, medication required for seizure activity) <input type="checkbox"/> Heart disease requiring close monitoring no intervention special treatments or diet. <input type="checkbox"/> HIV positive clinically well <input type="checkbox"/> Fetal Alcohol Effect or Exposure (FAE) Attention deficits, Memory deficits, <input type="checkbox"/> Sickle Cell – SB + Thal, Mild Symptoms. Moderate Symptoms 11. Minor requires 1-3 injections per week (i.e. growth hormones, asthma, etc) <input type="checkbox"/> Mild/moderate Cerebral Palsy requiring minimal additional assistance with feeding, dressing, bathing, etc. <input type="checkbox"/> Minimal brain injury requiring minimal additional observations and guidelines. No shunt required or with stable shunt requiring no medical intervention. <input type="checkbox"/> Visual condition is stable and infrequent intervention is needed (e.g., eye drops or eye patch). <input type="checkbox"/> Hearing condition is stable and infrequent intervention is needed or hearing aid is needed. <input type="checkbox"/> Minimal bracing equipment is needed (i.e. AFO's)	<input type="checkbox"/> 4 or more appointments per month not including routine dental or physical examinations. <input type="checkbox"/> Diagnosed DEI at birth (level should be reduced at 6 month review if baby is not exhibiting any symptoms or difficulties) <input type="checkbox"/> Apnea monitor required (when discontinued, rate to be reduced to appropriate level) <input type="checkbox"/> Severe feeding problems, excessive crying, sleep disruptions, etc. due to alcohol/drug exposure <input type="checkbox"/> Seizure disorder requiring close monitoring and multiple medications to control. Tube feedings (i.e. GI, OG, NGO, Bolus feedings or continuous feedings (12 hours or less per day) <input type="checkbox"/> Severe respiratory difficulties requiring multiple medications, breathing treatments (not including the use of inhalers) CPT (Chest Physical Therapy) on a daily basis. Extreme breathing difficulties requiring 4 or more breathing treatments daily and multiple prescriptions medications (not including inhalers) <input type="checkbox"/> Diabetes with special diet and oral medications. Stable condition, child compliant with prescribed program. <input type="checkbox"/> Medical diagnosis of Fetal Alcohol Syndrome (FAS) Not the same as prenatal alcohol exposure Fetal Alcohol Effect (FAE) <input type="checkbox"/> Shunt placement-functioning stable <input type="checkbox"/> Cleft lip requiring surgical	<input type="checkbox"/> AIDS – Asymptomatic, stable <input type="checkbox"/> FAS with moderate to severe complications (verifiable medical diagnosis) <input type="checkbox"/> Conditions requiring daily at home Physical Therapy (PT), Occupational Therapy (OT), in addition to weekly or biweekly therapy sessions. <input type="checkbox"/> Continuous oxygen <input type="checkbox"/> Diabetes with special diet, close monitoring of daily blood sugars levels, insulin injections, etc., Minor is compliant with program. <input type="checkbox"/> Hemophilia requiring close monitoring to prevent injury <input type="checkbox"/> Minor requires 4 or more injections per week (i.e. growth hormone, asthma, etc) <input type="checkbox"/> Sickle Cell SC, Severe Symptoms <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Broviac line <input type="checkbox"/> Colostomy Ileostomy <input type="checkbox"/> Child requires continuous care and supervision on a daily basis in accordance with a prescribed treatment plan that would otherwise require placement in an institutional facility. <input type="checkbox"/> Child receiving chemotherapy <input type="checkbox"/> Visual or hearing impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. <input type="checkbox"/> Severe Cerebral Palsy or physical disability requiring adaptive equipment (non-ambulatory) <input type="checkbox"/> 2 <sup>nd</sup> /3 <sup>rd</sup> degree burns requiring daily dressing changes. Generally will apply to a child under 7. <input type="checkbox"/> Hearing impaired requiring
<b>Developmental delays or disabilities</b> Mental Retardation ADD/ADHD Learning Disabilities Sensory Integration Disorder Central Auditory Processing Disorder			

Domain	Medical Level 1	Medical Level 2	Behavioral/Emotional Level 3
	<input type="checkbox"/> Other:	intervention and special feeding assistance. <input type="checkbox"/> Physical abnormalities requiring medical intervention. <input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring assistance with feeding, dressing, etc. <input type="checkbox"/> 2nd degree burns requiring regular, but not daily dressing changes. This generally applies to children 8 or over who can cooperate with the treatment plan. <input type="checkbox"/> Visually impaired requiring minimal assistance with daily living (i.e. Mobility, special education, etc.) 17. Hearing-impaired requiring moderate assistance (i.e. specialized communication techniques, speech therapy, and special school program). <input type="checkbox"/> Scoliosis requiring assisted daily exercise and/or bracing. <input type="checkbox"/> Other:	assistance with daily living including care provider signing abilities for specific child. <input type="checkbox"/> Combined cleft lip/palate. <input type="checkbox"/> Severe brain injury requires total assistance with activities for daily living (i.e. near drowning, shaken baby syndrome, battered child syndrome, accident etc.) <input type="checkbox"/> Scoliosis requiring surgical intervention and extensive rehabilitation <input type="checkbox"/> Systematic Immunosuppressant Conditions <input type="checkbox"/> Other:
	<input type="checkbox"/> Moderate learning delay / disability requiring daily care provider assistance. <input type="checkbox"/> Mild mentally retarded (IQ 50-65) with behavioral issues. <input type="checkbox"/> Attention Deficit Disorder as diagnosed by a physician. Behavior modification required but no medication prescribed. <input type="checkbox"/> Other:	<input type="checkbox"/> Moderate to severe mental retardation (IQ 20-50). CVRC client documentation required from CVRC SW. <input type="checkbox"/> CVRC client: 0-3 years of age to be included in Early Intervention Program (EIP) (i.e. Lori Ann Infant Stimulation, Exceptional Parents Unlimited (EPU). Documentation required from either EIP or CVRC social worker. <input type="checkbox"/> ADD as diagnosed by a physician. <input type="checkbox"/> Behavior modification needed in conjunction with prescribed daily medication. <input type="checkbox"/> Other:	<input type="checkbox"/> Severe learning disabilities / delays requiring extensive daily assistance from the care provider & secondary behavior problems requiring assistance from a behavioralist. <input type="checkbox"/> Profound mental retardation (IQ below 20). Multiple impairments, less than 18 months developmentally, nonambulatory. CVRC client documentation required from CVRC SW. <input type="checkbox"/> ADHD as diagnosed by a physician. Behavior modification needed in conjunction with 2 or more prescribed medications. Child exhibits extreme out of control behavior and requires extremely close supervision and monitoring by the care provider. <input type="checkbox"/> Other:

Domain	Medical Level 1	Medical Level 2	Behavioral/Emotional Level 3
<b>Behavioral Issues</b> AWOL Aggressive and Assaultive Animal Cruelty CSEC Substance Use/Abuse Gang Activity Fire Setting Severe mental health issues- including suicidal ideation And/or Self Harm Psychiatric hospitalization(s) Adjudicated violent offenses, significant property damage, And/or sex offenders/perpetrators Habitual Truancy Three or more placements due to the child's behavior	<input type="checkbox"/> The child presents some risky behaviors sometimes placing self and/or others at risk. <input type="checkbox"/> Close supervision is sometimes necessary to minimize risk and/or reduce potential for disruption. <input type="checkbox"/> Psychotropic medication may be required with close supervision by care provider and increased follow up by therapeutic provider. <input type="checkbox"/> Other:	<input type="checkbox"/> The child is at very high risk to self and/or others. Behaviors frequently are disruptive to household, school and in other social interactions. <input type="checkbox"/> Stabilization of disruptive behaviors requires special intervention and discipline strategies. <input type="checkbox"/> Care provider needs special training and participates in counseling with the minor to accomplish this. <input type="checkbox"/> 601 behaviors (truant, beyond control of caregiver) exhibited at this level. <input type="checkbox"/> Chronic resistance to behavior modification strategies. <input type="checkbox"/> Personal property of others in the home at high risk. <input type="checkbox"/> Excessive anti-social behaviors which strictly limits unsupervised social interaction. <input type="checkbox"/> Other:	<input type="checkbox"/> Child at extreme risk to self and/or others. In addition, therapeutic plan is required to address the minor's disruptive, dangerous, and high risk behaviors. <input type="checkbox"/> Behaviors can be stabilized and reduced. Active participation in all areas of counseling and intervention is required by the care provider in order to facilitate therapy and treatment. <input type="checkbox"/> 601 and 602 frequently exhibited themselves at this level. <input type="checkbox"/> Monthly evaluations are essential at this level to track the progress of the minor and adjust treatment strategies as needed. <input type="checkbox"/> Minors at this level are at risk of STRTP placement if professional treatment or behavior management plans do not modify high risk behaviors and/or emotional disturbances. <input type="checkbox"/> Other:

**Tulare County Health & Human Services Agency  
Human Services Branch  
Specialized Foster Care Rate Agreement**

Child's or Non Minor Dependent (NMD)'s Name: \_\_\_\_\_

Child's or NMD's DOB: \_\_\_\_\_

A care provider who is being paid a Specialized Foster Care Rate is required to provide the following services (initial the items which apply):

\_\_\_\_\_ Will participate in therapy, medical appointments, etc., on a regular basis.

\_\_\_\_\_ Will provide close supervision for the child or NMD.

\_\_\_\_\_ Will be able to cope with and appropriately manage disruptive behaviors.

\_\_\_\_\_ Will accept frequent consultation and support from professionals while continually keeping them advised of the child's or NMD's behaviors.

\_\_\_\_\_ Will attend and participate in trainings to increase their knowledge of the child's or NMD's development, mental health and/or health diagnoses as well as increase their techniques in parenting and behavior modification.  
Licensed Foster Parents who receive Specialized Care Rates are required to complete 40 hours of training per calendar year; trainings shall be parallel to the needs of the child placed in the home.

\_\_\_\_\_ Will participate in therapy with a child or NMD as request by the therapist.

\_\_\_\_\_ Will cooperate in case planning with social worker.

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

Date: \_\_\_\_\_

Care Provider: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Supervisor: \_\_\_\_\_

CWS Manager: \_\_\_\_\_



**Tulare County Health & Human Services Agency  
Human Services Branch  
Specialized Foster Care Rate Monthly Report**

To: \_\_\_\_\_, SSW                      Date: \_\_\_\_\_  
From: \_\_\_\_\_, Care Provider  
Child or Non-Minor Dependent (NMD)'s Name: \_\_\_\_\_  
Child or Non-Minor Dependent (NMD)'s Age: \_\_\_\_\_  
Report Month/Year: \_\_\_\_\_

- Number of other foster children or NMD in the home during this reporting month: \_\_\_\_\_
- Of these, how many receive Specialized Foster Care Rates: \_\_\_\_\_
- How long has this child or NMD been in your home: \_\_\_\_\_

Please identify services and activities, by date that was provided/occurred in this reporting month.

- Dates of therapy: \_\_\_\_\_
- Dates participated in therapy with child or NMD: \_\_\_\_\_
- Dates of medical appointments: \_\_\_\_\_
- Dates consulted with child or NMD's school: \_\_\_\_\_
- According to Tulare County HHSA, CWS Division Policy Number 70-05 any licensed foster parent whom receives Specialized Care Rates is required to complete 40 hours of training per calendar year. Dates and titles of trainings you attended during this month (certification must be attached):  
\_\_\_\_\_  
\_\_\_\_\_
- Briefly describe problems you had with the child or NMD during this month and how you resolved them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Briefly describe the child's or NMD's activities during this month:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does this child or NMD have a diagnosis (medical and/or emotional) and what treatment was received during this month:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What improvements has the child or NMD made during this month:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions: Mail the original and yellow copy of this form and any supporting documents to: P.O. Box 671; Visalia, CA 93279-0671

Keep the pink copy for your records

**NOTE: FAILURE TO PROVIDE THIS REPORT MAY RESULT IN DELAY OR DISCONTINUANCE OF THE SPECIALIZED FOSTER CARE RATE.**

**Tulare County Health & Human Services Agency  
Human Services Branch  
Specialized Foster Care Rate Payment Authorization**

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Social Worker: \_\_\_\_\_ SSW #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Chairperson: \_\_\_\_\_  
Child's or Non-Minor Dependent (NMD)'s Name: \_\_\_\_\_  
Child's or NMD's DOB: \_\_\_\_\_

Care Provider's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Current SCI Level: ☐ New ☐ Level 1 - \$210 ☐ Level 2 - \$422 ☐ Level 3 - \$633

SW's Recommended Level: ☐ Level 1 - \$210 ☐ Level 2 - \$422 ☐ Level 3 - \$633

Committee's Determination: ☐ Level 1 - \$210 ☐ Level 2 - \$422 ☐ Level 3 - \$633

County of Residence: \_\_\_\_\_ Rate: \_\_\_\_\_

Beginning date of Specialized Foster Care Rate: \_\_\_\_\_

Ending date of Specialized Foster Care Rate: \_\_\_\_\_

RFA Office Assistant to notify Foster Care SSC that a NOA will need to be issued in the event of:

- ☐ Rate Increase  
☐ Rate Decrease  
☐ Rate Discontinuance  
☐ Request for a Rate change or SCI Denied

Care Provider Signature: _____	Date: _____
Social Worker Signature: _____	Date: _____
Hearing Chairperson Signature: _____	Date: _____
Other Signature: _____	
Print Your Name/Title and Sign	Date
Other Signature: _____	
Print Your Name/Title and Sign	Date
Other Signature: _____	
Print Your Name/Title and Sign	Date

**NOTICE OF ACTION**  
**Foster Care Change**

COUNTY OF TULARE

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date :  
Case Name :  
Case Number :  
Worker Name :  
Worker Number :  
Telephone :  
Worker Hours :  
Address :

Questions? Ask your Worker.

**State Hearing:** If you think this action is wrong, you can ask for a state hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Foster Care payments for \_\_\_\_\_ are changing from \$1612.00 to \$1612.00 effective 12/01/2017.

Here's why:

You are now authorized to receive a Specialized Care Increment for this child.

Please refer to the budget shown on this page.

CSC 11 (08/04) FC Change - Special Needs Added, Changed

Rate	
Full Rate	\$ 923.00
Net Nonexempt Income	0.00
Dual Agency Rate	\$ 0.00
Final Rate	\$ 1612.00
Prorated from 12/01/2017 to 12/31/2017	

Prorated Rate	\$ 1612.00
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Special Needs

Specialized Care Increment	\$ 689.00
Prorated from 12/01/2017 to 12/31/2017	

Prorated Specialized Care Increment	+ 0.00
-------------------------------------	--------

Dual Agency Supplemental Payment	\$ N/A
Prorated from 12/01/2017 to 12/31/2017	
Prorated Dual Agency Supplemental Payment	\$ N/A

Infant Supplement	\$ N/A
Prorated from 12/01/2017 to 12/31/2017	

Prorated Infant Supplement	+ N/A
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Total Benefits	\$ 1612.00
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**Rules:** These rules apply. You may review them at your welfare office: EAS Section(s): 45-302

Full FC Budget-Appr

## YOUR HEARING RIGHTS

You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice. If you have good cause as to why you were not able to file for a hearing within the 90 days, you may still file for a hearing. If you provide good cause, a hearing may still be scheduled.

If you ask for a hearing before an action on Cash Aid, Medi-Cal, CalFresh, or Child Care takes place:

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your CalFresh benefits will stay the same until the hearing or the end of your certification period, whichever is earlier.

If the hearing decision says we are right, you will owe us for any extra Cash Aid, CalFresh or Child Care Services you got. To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ CalFresh  
☐ Child Care

While You Wait for a Hearing Decision for:  
Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

### OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. (W&I Code Sections 10850 and 10850.)

### TO ASK FOR A HEARING:

- Fill out this page.
- Make a copy of the front and back of this page for your records.
- If you ask, your worker will get you a copy of this page.
- Send or take this page to:

Tulare Health and Human Services Agency  
Fair Hearings Unit-BT1A  
P.O. Box 671  
Visalia CA 93279

OR

- Call toll free: 1-800-952-5253, for for hearing or speech impaired who use TDD, 1-800-952-8349.

To Get Help: You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

Central California Legal Services  
Local Aid  
2025 W. Foothill Ave.  
Visalia CA 93277  
(559) 733-8770

Central California Legal Services  
Welfare Rights Office  
2025 W. Foothill Ave.  
Visalia CA 93277  
(559) 733-8770

If you do not want to go to the hearing alone, you can bring a friend or someone with you.

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ CalFresh ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

Here's Why: \_\_\_\_\_

- ☐ If you need more space, check here and add a page.
- ☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

- ☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_